

ACUTE LOW BACK PAIN PATIENTS GET BETTER WITH EARLY INTERVENTION



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- P. Croft, MD found that 12 months after consulting a primary care physician, **only 25% of patients had completely recovered** in terms of pain and disability (BMJ, 1998).
- B. Webster PA-C found that early use of prescription opioids in patients with acute LBP was associated with **prolonged disability, higher medical costs, and higher risk for surgery** (Spine, 2007).
- B. Wand PhD showed that early access to physical therapy consisting of biopsychosocial education, manual therapy and exercise **resulted in better short-term outcomes than a wait and see approach** (Spine, 2004).
- J. Hides PhD found that a single episode of acute low back pain results in atrophy of spinal stabilizing musculature which does not resolve spontaneously. These patients also have a **12x greater likelihood of recurrence of pain within 1 year when compared to those who received 4 weeks of physical therapist directed strengthening exercises** (Spine, 2001).
- J. Fritz PT demonstrated that two factors; symptom **duration of less than 16 days, and no symptoms below the knee, were associated with a rapid 50% improvement in disability** after 2 sessions of spinal manipulation and exercise (BMC, 2005).
- The American College of physicians are currently **recommending the use of spinal manipulation for the management of acute low back pain**, as well as exercise and spinal manipulation therapy for chronic low back pain (Ann IM, 2007).

